

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

26

Application Number

10/806,986

Filing Date

March 22, 2004

First Named Inventor

Yamashita, Shinichiro

Art Unit

3762

Examiner Name

Unassigned

Attorney Docket Number

16869P-111500US

ENCLOSURES (Check all that apply)

| | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> After Allowance Communication to TC |
| <input checked="" type="checkbox"/> Preliminary Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) | <input checked="" type="checkbox"/> Petition to Make Special <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard Eight (8) cited references |
| <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|------------------------------------|----------|--------|
| Firm Name | Townsend and Townsend and Crew LLP | | |
| Signature | | | |
| Printed name | Chun-Pok Leung | | |
| Date | January 24, 2005 | Reg. No. | 41,405 |

CERTIFICATE OF TRANSMISSION/MAILING

Express Mail Label: EV 530884167 US

I hereby certify that this correspondence is being deposited with the United States Postal Service with "Express Mail Post Office to Address" service under 37 CFR 1.10 on this date **January 24, 2005** and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

| | | | |
|-----------------------|--------------|------|------------------|
| Signature | | | |
| Typed or printed name | Joy Salvador | Date | January 24, 2005 |



Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$)**130.00****Complete if Known**

| | |
|----------------------|-----------------------|
| Application Number | 10/806,986 |
| Filing Date | March 22, 2004 |
| First Named Inventor | Yamashita, Shinichiro |
| Examiner Name | Unassigned |
| Art Unit | 3762 |
| Attorney Docket No. | 16869P-111500US |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES Small Entity | | SEARCH FEES Small Entity | | EXAMINATION FEES Small Entity | | Fees Paid (\$) |
|------------------|-----------------------------|----------|-----------------------------|----------|----------------------------------|----------|----------------|
| | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Small Entity | |
|---|--------------|----------|
| | Fee (\$) | Fee (\$) |
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|---|--------------|----------|---------------|---------------------------|----------|---------------|
| -20 or HP = _____ x _____ = _____ | | | | | | |
| HP = highest number of total claims paid for, if greater than 20 | | | | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | | |
| -3 or HP = _____ x _____ = _____ | | | | | | |
| HP = highest number of independent claims paid for, if greater than 3 | | | | | | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|---|--------------|--|----------|---------------|
| _____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____ | | | | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Petitions to the Commissioner**130.00****SUBMITTED BY**

| | | | | | |
|-------------------|----------------|-----------------------------------|--------|-----------|------------------|
| Signature | | Registration No. (Attorney/Agent) | 41,405 | Telephone | 650-326-2400 |
| Name (Print/Type) | Chun-Pok Leung | | | Date | January 24, 2005 |